



MARYLAND
Department of Health

Outpatient Mental Health Clinic (OMHCs) to Crisis Stabilization Facilities (CSFs) Transformation Small Grants Program

SFY22

*FUNDED BY A COMPETITIVE GRANT FROM THE
OPIOID OPERATIONAL COMMAND CENTER*

QUESTIONS?
MDH.OMHCtoCSF@maryland.gov

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The OMHC to CSF Program at the Maryland Department of Health

The Maryland Department of Health (MDH) Outpatient Mental Health Clinic (OMHCs) to Crisis Stabilization Facility (CSF) Transformation Program aims to expand access to behavioral health crisis services for adults in Maryland. Funded by the [Opioid Operational Command Center \(OCCC\)](#) through a Competitive Grant, this program is in its second of five planned years. During the first year of funding MDH focused on creating three deliverables:

- **Environmental Scan**
Current regulatory framework for OMHCs, overview of national, state and local models for crisis service provision, identification of promising practices and strategies for creating a framework to provide reimbursement to OMHCs that expand to provide crisis services.
- **Data Analysis**
Cross-sectional analysis using claims data, all payer Emergency Department (ED) utilization data, and Maryland Institute for Emergency Medical Services Systems (MIEMSS) eMEDS 9-1-1 call data to characterize the current need for crisis services, as well as the proportion of persons in behavioral health crisis who could be medically cleared to use OMHC-CSF services were they available.
- **Business Case Analysis**
Analysis of national, state and local operating costs for crisis services; and modeling of costs for OMHCs were they to expand to provide crisis services.

The second year of funding builds on this work by extending a funding opportunity to OMHCs in order to receive technical assistance and financial support as they work to expand to provide crisis stabilization services.

Overview of the Small Grant Program

The OMHC-CSF Small Grant Program will leverage the results of the Business Case Analysis. Awardees will receive technical assistance from OCCC Competitive Grant funded staff to create business plans using a Feasibility Business Model. Each model will be tailored to the specific needs and characteristics of the awardee focusing on costs associated with expanding to provide CSF services (including staffing, training, increased physical plant, IT infrastructure, medications, and supplies).

In addition, Small Grant Awardees will receive incentives (\$1,000 per eligible staff member) to attain their Drug Addiction Treatment Act of 2000 (DATA 2000) waiver, allowing providers to prescribe buprenorphine; thereby immediately increasing OMHC's capacity to assist individuals experiencing an OUD crisis. MDH aims to award up to six (6) Small Grants and will offer 25 DATA 2000 waiver incentive slots to Small Grant Awardees. If there are additional incentive slots remaining once awardees have been selected, applicants that were not selected will be offered the opportunity to receive incentives for DATA 2000 waiver attainment.

Eligible Providers

Small Grant awards will be given to OMHCs that are currently licensed and in good standing with licensing and accrediting bodies. Applicants must provide services to Medicaid beneficiaries 18 years and over.

Key Dates

Small Grant Opportunity Released	October 1, 2021
Application Deadline	October 31, 2021
Award Decision	Mid-December, 2021
Anticipated Period of Performance	January 1, 2022 – June 30, 2022

Application Process

The full application must be submitted to the application email address: MDH.OMHCtoCSF@maryland.gov no later than October 31, 2021, at 11:59PM. Incomplete or late applications will NOT be accepted. Please see the following pages for complete list of application instructions.

Application Checklist

- ☐ Completed Grant Application (fillable PDF)
- ☐ Completed Attachment A (Excel Sheet)
- ☐ PDF of Cover Letter signed by the OMHC's Medical Director
- ☐ Accreditation and Licensing Information/Documentation

Application Evaluation

Applicants will be evaluated based on:

- Eligibility criteria and completeness of application;
- Capacity to make a large impact if crisis services were added to the practice;
- Number of eligible staff to attain the DATA 2000 waiver;
- Demonstrated interest and capacity to expand to provide crisis services; and
- Location in areas with the demonstrated greatest need for additional crisis services.

Distribution of Funds

Small Grant Awardees will submit proof of their eligible staff attaining their DATA 2000 waiver prior to receiving the \$1,000 per waiver attained.

Reporting Requirements

On a monthly basis, Small Grant Awardees will be required to report on the number DATA 2000 waivers attained by eligible staff. Awardees may also be asked provide additional information regarding the number of prescriptions written by providers using their newly attained waivers, as the aim of this work is to meaningfully increase the capacity of OMHCs to provide additional CSF services.

All applicants must use the application forms provided. A complete package includes:

Completed Grant Application (fillable PDF)

- a. Narrative sections and free text in fillable PDF: 11-point Calibri font
- b. Single-spacing

Completed Attachment A (Excel sheet)

- a. Directions: Each Tab is hyperlinked to the corresponding page, there are six Tabs total. Complete each Tab with the required information. Additional information can be found in the sections below. List of required Tabs:
 - ☐ Tab 1, **Services Offered**
 - ☐ Tab 2, **Full-time Employees**
 - ☐ Tab 3, **Office Equipment**
 - ☐ Tab 4, **Medical Equipment**
 - ☐ Tab 5, **Referral Sources**
 - ☐ Tab 6, **Referrals Out**

PDF of Cover letter

- a. Cover Letter signed by OMHC Medical Director indicating support for the application. Cover letter can be one page maximum. It should be on company letterhead and signed by the Medical director.

Accreditation and Licensing Information/Documentation

- a. Please attach/include your Accreditation packet from the appropriate accrediting bodies.
- b. Please attach/include your Behavioral Health Agency (BHA) licensure.
- c. If your OMHC is a HSCRC regulated space, and not licensed by the BHA, please provide your survey results under the appropriate behavioral health standards.

NOTE: Applications that have been altered, or are incomplete, will not be accepted.

Small Grant Application Instructions

Section 1: Contact Information (Fillable PDF)

- a. **Organization:** Name of your organization reflected on the license
- b. **Provider Address:** Physical address of your organization
- c. **Website:** Website for your organization (if applicable)
- d. **Organization Phone number:** Phone number for your organization
- e. **Applicant Name:** First and Last Name of person submitting the application
- f. **Applicant Title:** Title of person submitting the application
- g. **Applicant Email:** Primary email address of person submitting application
- h. **Applicant Phone Number:** Direct phone number for person submitting application

Section 2: General Information (Fillable PDF and Attachment A Excel)

- a. Fillable PDF: **Years in Operation:** Number of years your OMHC has been licensed and in operation.
- b. Attachment A: TAB 1, **Services Offered:** Please list each service offered at your OMHC, and whether your OMHC bills for that service.
- c. Attachment A: TAB 2, **Full-time Employees:** Please enter the number of full-time employees for each position listed in the # FTE column. If your OMHC has any positions not listed, please enter them into the cells labeled OTHER. Additional comments and information can be entered in the adjacent column labeled "Comments."
- d. Attachment A: TAB 3, **Office Equipment:** Please enter the number of each piece of office equipment listed in the NUMBER column. If your OMHC has any equipment not listed, please enter them into the cells labeled OTHER. Please answer Yes or No for each system your organization has. If there are more major systems, please enter them in the space next to the word OTHER.
- e. Attachment A: TAB 4, **Medical Equipment:** Please enter the number of each piece of medical equipment listed in the NUMBER column. If your OMHC has any medical equipment not listed, please enter them into the cells labeled OTHER, then enter the NUMBER of each piece of other medical equipment in the cells to the right.
- f. Attachment A: TAB 5, **Referral Sources:** Please list all sources from which your organization receives referrals from under the NAME OF REFERRAL SOURCE column. Under the PROVIDER TYPE, please list the type of providers.
- g. Attachment A: TAB 6, **Referrals Out:** Please list all sources to which your organization refers clients to under the NAME OF REFERRING ORGANIZATION column. Under the PROVIDER TYPE column, please list what type of providers your OMHC refers clients to.
- h. Fillable PDF: **Licensing and Accreditation:** Please attach a PDF copy of your OMHC's Accreditation Report and Licensing Documentation, received from the Behavioral Health Administration of the State of Maryland.
- i. Fillable PDF: **Physical Location Type:** Please describe your facility, for example, is it a stand-alone building, is it an office in a medical building, etc.

Section 3: Patient Population (Fillable PDF)

- a. **Average number of individuals aged 18 or older served annually:** Please provide an average of the total number of individuals seen in calendar years: 2018, 2019, and 2020.
- b. **Primary Zip Codes:** Please list the top zip codes (up to 5) served by your organization.

Section 4: Payermix Population Served (Fillable PDF)

- a. Please provide the average percentage of each sub-category of patients seen in calendar years: 2018, 2019, and 2020.

Section 5: Percentage of Patients Served (Fillable PDF)

- a. **MHD only:** Proportion of patient population who ONLY have a Mental Health Disorder (MHD).
- b. **MHD/SUD:** The proportion with an MHD as well as a Substance Use Disorder (SUD).

Section 6: Clinical Space (Fillable PDF)

- a. Please describe the physical space your practice uses, including the number of treatment rooms, information regarding rooms used for group therapy, medical bays, office space, etc. Please be as detailed as possible in the space provided.

Section 7: Security System (Fillable PDF)

- a. Please describe your organization's security system. Please indicate the type(s) of systems employed (electronic, in person, surveillance video, etc.).

Section 8: Finances (Fillable PDF)

- a. In the free text space provided, please describe how your organization is currently funded (11 point font – single spaced). For example:
 - Is your organization grant supported?
 - Does your organization obtain funds through philanthropy?
 - Does your organization currently bill for services?
 - Is your organization funded through multiple sources?

Section 9: Partnerships with Other Providers

- a. Please provide information on any current partnerships with local EDs, inpatient facilities, hospitals, law enforcement agencies, or other community-based providers (11 point font – single spaced).

Section 10: Two (2) Page Expansion Narrative

- a. Please provide a narrative describing why your practice is well-suited to expand to provide Crisis Services. Narrative should be 11 point font – single spaced. In addition to any other information your OMHC would like to share, please speak to the following:
 - Why your community needs crisis services?
 - Why is your practice in a good position to fill this need?
 - Why will technical assistance be helpful to your OMHC during the transition?

Section 11: Two (2) Page Challenges Narrative

- a. Please describe the challenges that your OMHC anticipates in expanding to provide crisis services and how technical assistance from the MDH will assist in overcoming these challenges. Narrative should be 11 point font – single spaced. In addition to other factors, please consider:
 - Does your OMHC need assistance creating a feasibility plan?
 - Does your OMHC need assistance working through an operating and expansion budget?

Contact Information

If your organization is interested in applying for the Small Grants Program and has questions, or is encountering technical difficulties with the application templates, please contact the Office of Innovation, Research and Development at:

MDH.OMHCtoCSF@maryland.gov

Please include your name, title, and organization in your email.